INDIANA
Epidemiology
NEWSLETTER

Indiana State Department of Health

Epidemiology Resource Center
2 North Meridian Street, 3-D
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Vancomycin-Resistant *Staphylococcus aureus* Undetected by Laboratory Using Automated Method for Antimicrobial Susceptibility Testing

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On April 23, 2004, the Centers for Disease Control and Prevention (CDC) reported the third identified case of Vancomycin-Resistant *Staphylococcus aureus* (VRSA) in the United States. The report was published in the *Morbidity and Mortality Weekly Report* and can be found at: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5315a6.htm.

The isolate of concern was obtained from a urine specimen taken from a resident of a long-term care facility in New York on March 17, 2004. The isolate was susceptible to chloramphenicol, linezolid, minocycline, quinupristin-dalfopristin, rifampin, and trimethoprim-sulfamethoxazole. The resident remains long-term care facility. The initial testing was performed using Microscan® overnight panels (Dad Behring, Deerfield, Illinois). Further testing by Etest® (AB Biodisk North America, Inc., Piscataway, New Jersey) indicated that the isolate was resistant to vancomycin.

Testing by the New York Sate Department of Health and the CDC confirmed VRSA. Additional testing at CDC indicated that Microscan® and Vitek® (bioMerieux, Hazelwood, Missouri) testing panels and cards available in the United States did not detect vancomycin resistance in this isolate. It is possible that VRSA infections may have been undetected. The CDC states that potential VRSA isolates should be saved for confirmatory testing. The CDC also states that the most accurate form of vancomycin susceptibility testing for staphylococci is a nonautomated minimum inhibitory concentration (MIC) method (e.g. broth microdilution, agar dilution, or agar-gradient diffusion) in which the organisms are incubated for 24 hours before reading the results.

As a result of this finding, the CDC recommends the following when performing automated susceptibility testing of *S. aureus*

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strains, particularly methicillin-resistant *S. aureus*:

> **Laboratories should include a vancomycin-agar screening plate containing 6 µg/ML of vancomycin and examine the plate for growth after 24-hour incubation.**

In addition, the CDC updated guidance on investigation and control of vancomycin-intermediate and –resistant *Staphylococcus aureus* (VISA/VRSA) on April 21, 2004. The CDC is now requesting that *S. aureus* isolates for which the vancomycin MICs are ≥4µg/ml should be saved and confirmed by a public health laboratory and/or CDC. This guidance is found at http://www.cdc.gov/ncidod/hip/vanco/vanco.htm.

Training Room

Foodborne Illness Investigation Manuals and Training Available!

The Foodborne Illness Investigation training has been set! Participants may attend any of the following sessions:

Wednesday, June 2	Holiday Inn	Jasper
Tuesday, June 8	Best Western	Scottsburg
Monday, June 14	Adam's Mark (downtown)	Indianapolis

Representatives from the ISDH Epidemiology Resource Center and Food Protection Program will present information on disease agents, surveillance, foodborne complaints, epidemiological investigation, and environmental investigation. The training will conclude with a tabletop exercise based on an actual outbreak. There will be no registration fee for this one-day training. Local health department environmental health specialists and public health nurses are especially encouraged to attend. Sign-in will begin at 8:30 am. Each participant will receive a folder with presentation handouts, an agenda, and an evaluation form. The program will begin promptly at 8:50 am and conclude by 4:30 pm.

Prior to the training, each local health department will receive two copies of the second edition of the Foodborne Training Investigation Reference Manual. Additional copies will be available to local health departments upon request as long as supplies last. In addition to an extensively revised text, the manual will also include updated contact information, charts, forms, and references.

To register for the training, please e-mail Pam Pontones at ppontones@isdh.state.in.us or call 317-233-7009 at least one week prior to the scheduled training session. This will ensure that there are enough training materials for everyone.

Indiana State Department of Health
Immunization Program
Presents:

"Child and Adolescent Immunizations from A to Z"

The ISDH Immunization Program and Health Educators are offering this free, one-day educational course on all aspects of immunization practices. Topics include:

- Principles of Vaccination
  - Overview of the immune system
  - Classification of vaccines
- An overview of Vaccine-Preventable Diseases
- General Recommendations on Immunization
  - Timing and spacing
  - Contraindications and precautions to vaccination
- Safe and Effective Vaccine Administration
  - Prior to administration
  - Administration
  - Documentation and reminder/recall
  - Adverse Events
- Safe Vaccine Storage and Handling
- Indiana Requirements
  - Schools
  - Day care/Head start
  - Exemptions
- Tools to read Immunization Records
- Vaccine Misconceptions
  - MMR and autism
  - Thimerosal and mercury
  - Overloading the immune system
  - Influenza vaccine
- Reliable Resources

This course is designed for all immunization providers and staff. Presentation of this course takes six hours or can be customized to provide the components needed for your office or clinic staff.
A training manual and certificate of attendance is provided to all attendees.

Courses are held throughout Indiana about four times per month (see schedule next page). All persons involved in immunizations are encouraged to attend a course in their area. Registration is required. To attend or schedule/host a course in your area, or for more information on "Child and Adolescent Immunizations from A to Z" and other immunization education opportunities, please contact:

Beverly Sheets
317-501-5722
hepbbev@aol.com

CALENDAR 2004 IMMUNIZATIONS FROM A TO Z"

June 2, 2004 "Immunization A-Z" Boone Co., Lebanon, 9 AM-3PM

June 11, 2004 "Immunization A-Z" Wayne Co., Richmond, 9 AM-3 PM

June 15, 2004 "Immunization A-Z" Jay Co., Portland, 9 AM- 3 PM

June 23, 2004 "Immunization A-Z" Vigo Co., Terre Haute, 9 AM-3 PM

Sept.1, 2004 "Immunization A-Z" Lake Co., 9AM-3PM

Sept. 15, 2004 "Immunization A-Z" Indpls., Medical Mgmt. (full)

Sept. 17, 2004 "Immunization A-Z" ISDH Rice Auditorium, 9 AM-3PM

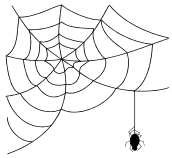
NOTE: NO COURSES WILL BE SCHEDULED FOR JULY AND AUGUST.

NOTE: THERE IS NO CHARGE FOR ANY OF THESE EVENTS

NOTE: YOU MUST REGISTER FOR THESE EVENTS. TRAINING MATERIALS ARE PROVIDED.

NOTE: NO county courses will be scheduled for July and August.
There is NO CHARGE for any of these events.
YOU MUST REGISTER for these events. Training materials are provided.

Contact Beverly Sheets at (317) 501-5722 or email hepbbev@aol.com for further information and to schedule "Immunizations From A –Z" and other immunization events in your area.



Wonderful Wide Web Sites

ISDH Data Reports Available

The ISDH Epidemiology Resource Center has the following data reports and the Indiana Epidemiology Newsletter available on the ISDH Web Page:

http://www.statehealth.in.gov/dataandstats/epidem/epinews_index.htm

Indiana Cancer Incidence Report (1990, 95,96, 97)

Indiana Cancer Mortality Report (1990-94, 1992-96)

Indiana Health Behavior Risk Factors (1995-96, 97, 98, 99, 2000, 2001, 2002)

Indiana Health Behavior Rish Factors (BRFSS) Newsletter

Indiana Hospital Consumer Guide (1996)

Public, Hospital Discharge Data (1999, 2000, 2001)

Indiana Maternal & Child Health Outcomes & Performance Measures (1988-97, 1989-98, 1990-99, 1991-2000)

Indiana Marriage Report (1995, 97, 98, 99, 2000)

Indiana Mortality Report (1999, 2000, 2001, 2002)

Indiana Natality Report (1995, 96, 97, 98, 99, 2000, 2001, 2002)

Indiana Induced Termination of Pregnancy Report (1998, 99, 2000)

Indiana Infectious Diseases Report (2000)

Former Indiana Report of Diseases of Public Health Interest (1996, 97, 98, 99)

HIV Disease Summary

Information as of April 30, 2004 (based on 2000 population of 6,080,485)

HIV - without AIDS to date:

335	New HIV cases from May 2003 thru April 2004	12-month incidence	5.51 cases/100,000
3,833	Total HIV-positive, alive and without AIDS on April 30, 2004	Point prevalence	63.04 cases/100,000

AIDS cases to date:

446	New AIDS cases from May 2003 thru April 2004	12-month incidence	7.34 cases/100,000
3,726	Total AIDS cases, alive on April 30, 2004	Point prevalence	61.28 cases/100,000
7,577	Total AIDS cases, cumulative (alive and dead)		

REPORTED CASES of selected notifiable diseases

Disease	Cases Reported in April *MMWR* Week 14-17		Cumulative Cases Reported January - April *MMWR* Weeks 1-17	
	2003	2004	2003	2004
Campylobacteriosis	12	22	52	98
Chlamydia	1,215	1,192	5,440	5,790
E. coli O157:H7	2	0	10	9
Hepatitis A	1	1	12	9
Hepatitis B	0	6	4	9
Invasive Drug Resistant *S. pneumoniae* (DRSP)	19	19	61	60
Invasive pneumococcal (less than 5 years of age)	7	10	16	24
Gonorrhea	466	382	2,081	2,014
Legionellosis	1	0	4	6
Lyme Disease	1	0	4	0
Meningococcal, invasive	4	1	16	9
Pertussis	11	11	18	22
Rocky Mountain Spotted Fever	0	1	0	1
Salmonellosis	37	32	90	113
Shigellosis	10	5	34	47
Syphilis (Primary and Secondary)	4	4	12	15
Tuberculosis	12	10	41	46
Animal Rabies	0	1	2 (bats)	2 (1 bat and 1 skunk)

For information on reporting of communicable diseases in Indiana, call the *ISDH Epidemiology Resource Center* at (317) 233-7665.

Indiana
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Newsletter

The *Indiana Epidemiology Newsletter* is published by the Indiana State Department of Health to provide epidemiologic information to Indiana health professionals and to the public health community.